



Bib Data Sheet


UNITED STATES DEPARTMENT OF COMMERCE
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SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/524,666	03/13/2000 RULE -	381	2743	SMI-13459pA

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**** CONTINUING DATA *******

THIS APPLN CLAIMS BENEFIT OF 60/132,593 05/05/1999
 WHICH CLAIMS BENEFIT OF 60/157,813 10/04/1999

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 05/13/2000**

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____	STATE OR COUNTRY NJ	SHEETS DRAWING 24	TOTAL CLAIMS 57	INDEPENDENT CLAIMS 16
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ADDRESS

21005

TITLE

Disposable modular hearing aid

FILING FEE RECEIVED 2656	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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